



QUARTERLY STATEMENT
AS OF March 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City, or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.westoby@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer
KATHY KUDRAY D.O.	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ	DON KOOY KEVIN TOMPKINS PATRICK HAYES LAKISHA ATKINS
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State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) KATHY KENDALL (Printed Name) 1. President (Title)	(Signature) DAVE MAZURKIEWICZ (Printed Name) 2. Treasurer (Title)	(Signature) CAROL SOLOMON (Printed Name) 3. Assistant Treasurer (Title)
Subscribed and sworn to before me this day of , 2012	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	21,469,157		21,469,157	21,142,425
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	2,683,145		2,683,145	2,738,513
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....(7,326,241)), cash equivalents (\$.....0) and short-term investments (\$.....114,422,097)	107,095,856		107,095,856	99,002,870
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets	508,595	319,629	188,966	158,172
12.	Subtotals, cash and invested assets (Lines 1 to 11)	131,756,752	319,629	131,437,124	123,041,980
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	29,785		29,785	14,581
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	1,094,286		1,094,286	779,976
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				353,336
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	117,582	8,983	108,599	124,936
21.	Furniture and equipment, including health care delivery assets (\$.....0)	278,711	278,711		
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	1,333,524	11,911	1,321,613	984,668
24.	Health care (\$.....1,683,742) and other amounts receivable	1,684,588		1,684,588	1,720,554
25.	Aggregate write-ins for other than invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	136,295,228	619,233	135,675,994	127,020,032
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	136,295,228	619,233	135,675,994	127,020,032
DETAILS OF WRITE-INS					
1101.	INVENTORY	16,837	16,837		
1102.	DEFERRED CHARGES EQUIP FEES	21,693	21,693		
1103.	PREPAID EXPENSES	281,098	281,098		
1198.	Summary of remaining write-ins for Line 11 from overflow page	188,966		188,966	158,172
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	508,595	319,629	188,966	158,172
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	40,519,595		40,519,595	35,767,899
2.	Accrued medical incentive pool and bonus amounts	3,577,719		3,577,719	3,125,581
3.	Unpaid claims adjustment expenses	962,014		962,014	962,014
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	235,705		235,705	169,028
9.	General expenses due or accrued	2,239,535		2,239,535	1,964,849
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	219,316		219,316	194,555
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	2,484,886		2,484,886	1,441,605
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
20.	Reinsurance in unauthorized companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)	684,402		684,402	1,001,658
24.	Total liabilities (Lines 1 to 23)	50,923,172		50,923,172	44,627,189
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	83,612,822	81,252,843
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	84,752,822	82,392,843
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	135,675,994	127,020,032
DETAILS OF WRITE-INS					
2301.	ACCRUED PENSION	684,402		684,402	684,402
2302.	OVERPAYMENT FROM MDCH FOR MATERNITY CASE RATE				317,256
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	684,402		684,402	1,001,658
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	287,508	276,010	1,107,698
2.	Net premium income (including \$.....0 non-health premium income)	X X X	81,170,540	77,124,052	312,289,950
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	(296,838)	(307,698)	(1,230,471)
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	80,873,702	76,816,354	311,059,479
Hospital and Medical:					
9.	Hospital/medical benefits		56,571,084	55,474,648	210,333,868
10.	Other professional services		790,187	615,084	2,904,514
11.	Outside referrals				
12.	Emergency room and out-of-area		2,686,216	3,048,988	11,605,644
13.	Prescription drugs		10,358,165	7,904,084	32,532,592
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		447,459	514,561	2,101,309
16.	Subtotal (Lines 9 to 15)		70,853,111	67,557,365	259,477,928
Less:					
17.	Net reinsurance recoveries		328,201	276,490	931,279
18.	Total hospital and medical (Lines 16 minus 17)		70,524,910	67,280,875	258,546,649
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....0 cost containment expenses		931,466	744,930	2,598,939
21.	General administrative expenses		7,228,302	7,140,541	27,487,737
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		78,684,678	75,166,347	288,633,325
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	2,189,025	1,650,007	22,426,154
25.	Net investment income earned		(98,826)	(108,740)	(460,553)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		10,821	37	1,029
27.	Net investment gains or (losses) (Lines 25 plus 26)		(88,006)	(108,703)	(459,524)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	2,101,019	1,541,304	21,966,630
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	2,101,019	1,541,304	21,966,630
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	X X X	4,540	4,335	17,028
0602.	MPCA	X X X	(301,378)	(312,033)	(1,247,499)
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(296,838)	(307,698)	(1,230,471)
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	LOSS ON SALE OF EQUIPMENT				
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	82,392,843	78,095,443	78,095,444
34.	Net income or (loss) from Line 32	2,101,019	1,541,304	21,966,630
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	287,978	211,753	57,108
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(29,017)	144,235	49,836
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			(18,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus		223,824	223,824
48.	Net change in capital and surplus (Lines 34 to 47)	2,359,980	2,121,116	4,297,399
49.	Capital and surplus end of reporting period (Line 33 plus 48)	84,752,823	80,216,559	82,392,843
DETAILS OF WRITE-INS				
4701.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST		223,824	223,824
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		223,824	223,824

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	80,922,909	76,949,920	308,950,213
2.	Net investment income	(114,031)	(117,179)	(459,886)
3.	Miscellaneous income	(292,292)	(386,789)	(1,322,961)
4.	Total (Lines 1 to 3)	80,516,586	76,445,952	307,167,366
5.	Benefit and loss related payments	64,936,320	66,754,496	256,339,863
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	7,885,082	7,801,725	29,926,932
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	Total (Lines 5 through 9)	72,821,402	74,556,221	286,266,795
11.	Net cash from operations (Line 4 minus Line 10)	7,695,184	1,889,731	20,900,571
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks	250,220	2,000	35,272
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		125,363	
12.7	Miscellaneous proceeds			221,475
12.8	Total investment proceeds (Lines 12.1 to 12.7)	250,220	127,363	256,746
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks	275,037	28,863	3,197,689
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	14,182	0	0
13.7	Total investments acquired (Lines 13.1 to 13.6)	289,219	28,863	3,197,689
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(38,999)	98,500	(2,940,943)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			18,000,000
16.6	Other cash provided (applied)	436,801	(1,233,524)	814,085
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	436,801	(1,233,524)	(17,185,915)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	8,092,986	754,707	773,713
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	99,002,870	98,229,158	98,229,158
19.2	End of period (Line 18 plus Line 19.1)	107,095,856	98,983,865	99,002,870

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	93,427	35	17,163						76,229	
2. First Quarter	97,206	46	18,563						78,597	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	287,508	134	55,317						232,057	
Total Member Ambulatory Encounters for Period:										
7. Physician	184,158	78	32,257						151,823	
8. Non-Physician	37,346	13	5,518						31,815	
9. Total	221,504	91	37,775						183,638	
10. Hospital Patient Days Incurred	20,357		1,229						19,128	
11. Number of Inpatient Admissions	4,770		313						4,457	
12. Health Premiums Written (a)	81,639,756	63,081	16,349,611						65,227,064	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	81,639,756	63,081	16,349,611						65,227,064	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	65,773,214	37,454	12,217,972						53,517,788	
18. Amount Incurred for Provision of Health Care Services	70,524,910	57,779	14,975,343						55,491,788	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
RRC MT MORRIS	10,106					10,106
SPARROW	10,091					10,091
RRC MT MORRIS	10,106					10,106
SPARROW	10,139					10,139
HURLEY MEDICAL CENTER	10,149					10,149
RRC LAPEER	10,397					10,397
RELIANT RENAL CARE	10,397					10,397
SPARROW	10,473					10,473
BAY REGIONAL MEDICAL	10,638					10,638
SPARROW	10,681					10,681
INGHAM REGIONAL MEDICAL	10,689					10,689
POH	10,739					10,739
WILLIAM BEAUMONT HOS	10,760					10,760
SPARROW	10,778					10,778
INGHAM REGIONAL MEDICAL	10,943					10,943
SPARROW	10,976					10,976
SPARROW	10,999					10,999
HENRY FORD HOSPITAL	11,048					11,048
MT CLEMENS REGIONAL	11,255					11,255
SPARROW	11,375					11,375
EAST LANSING	11,461					11,461
UNIVERISTY OF MICHIGAN	11,498					11,498
RENAL TREATMENT	11,499					11,499
RRC MT MORRIS	11,637					11,637
RRC MT MORRIS	11,637					11,637
RRC MT MORRIS	11,637					11,637
DAVISON DIALYSIS	11,743					11,743
RRC MT MORRIS	11,858					11,858
RRC MT MORRIS	11,858					11,858
RRC MT MORRIS	11,858					11,858
SPARROW HOSPITAL	12,024					12,024
SPARROW HOSPITAL	12,124					12,124
SPECTRUM	12,166					12,166
FENTON DIALYSIS	12,194					12,194
RENAL TREATMENT	12,215					12,215
SPARROW	12,706					12,706
SPARROW	12,885					12,885
SPARROW	12,889					12,889
RENAL TREATMENT	13,033					13,033
ST JOSEPH MERCY OAKLAND	13,130					13,130
INGHAM REGIONAL MEDICAL	13,240					13,240
SPARROW	13,251					13,251
MT CLEMENS REGIONAL	13,261					13,261
DAVISON DIALYSIS	13,384					13,384
SPARROW HOSPITAL	13,452					13,452
SPARROW HOSPITAL	13,470					13,470
IONIA DIALYSIS	13,548					13,548
RENAL TREATMENT	13,567					13,567
RENAL TREATMENT	13,676					13,676
IONIA DIALYSIS	13,931					13,931
RENAL TREATMENT	13,979					13,979

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
SPARROW HOSPITAL	14,059					14,059
ST MARYS MEDICAL CENTER	14,112					14,112
RENAL TREATMENT	14,384					14,384
SPARROW HOSPITAL	14,741					14,741
COVENANT MEDICAL CENTER	14,905					14,905
INGHAM REGIONAL MEDICAL	15,109					15,109
SPARROW HOSPITAL	15,509					15,509
ST JOHN MACOMB OAKLAND	15,596					15,596
RENAL TREATMENT	15,940					15,940
SPARROW HOSPITAL	17,069					17,069
SPARROW HOSPITAL	17,393					17,393
HALLWOOD DIALYSIS	17,611					17,611
SPARROW	17,799					17,799
ROCHESTER DIALYSIS	17,826					17,826
SPARROW HOSPITAL	17,863					17,863
RENAL TREATMENT	20,720					20,720
LAPEER REGIONAL MEDICAL	20,923					20,923
RENAL TREATMENT	21,235					21,235
RENAL TREATMENT	21,235					21,235
UNIVERSITY OF MICHIGAN	21,996					21,996
SPARROW	24,081					24,081
SPARROW	25,696					25,696
SPARROW	27,627					27,627
SPARROW	27,627					27,627
SPARROW	27,627					27,627
MT CLEMENS REGIONAL	27,724					27,724
SPARROW	29,211					29,211
HURLEY MEDICAL	29,297					29,297
SPARROW	29,318					29,318
SPARROW	30,700					30,700
MCLAREN REGIONAL MEDICAL	30,719					30,719
HENRY FORD	32,312					32,312
SPARROW	42,559					42,559
SPARROW	42,702					42,702
SPARROW	49,075					49,075
SPARROW	78,709					78,709
SPARROW	80,097					80,097
SPARROW	82,097					82,097
UNIVERSITY OF MICHIGAN	93,879					93,879
MCLAREN REGIONAL	115,731					115,731
SPARROW	130,774					130,774
ST JOHN HOSPITAL	134,376					134,376
NORTH CAROLINA BAPTIST	136,033					136,033
0199999 Individually Listed Claims Unpaid	2,277,546					2,277,546
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	27,023,981	65,664	11,850	5,226	2,634	27,109,355
0499999 Subtotals	29,301,527	65,664	11,850	5,226	2,634	29,386,901
0599999 Unreported claims and other claim reserves						11,132,694
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						40,519,596
0899999 Accrued Medical Incentive Pool And Bonus Amounts						3,577,719

Q8.1

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	5,584,949	6,584,894	2,174,432	8,362,645	7,759,381	7,759,382
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	22,172,058	30,979,175	5,836,459	24,146,059	28,008,517	28,008,518
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	27,757,007	37,564,069	8,010,891	32,508,704	35,767,898	35,767,900
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts			3,125,581	452,138	3,125,581	3,125,581
13.	Totals (Lines 9 - 10 + 11 + 12)	27,757,007	37,564,069	11,136,472	32,960,842	38,893,479	38,893,481

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

McLaren Health Plan, Inc
March 31, 2012

1. Summary of Significant Accounting Policies
No Change
2. Accounting Changes and Corrections of Errors
No Change
3. Business Combinations and Goodwill
No Change
4. Discontinued Operations
No Change
5. Investments
No Change
6. Joint Ventures, Partnerships and Limited Liability Companies
No Change
7. Investment Income
No Change
8. Derivative Investments
No Change
9. Income Taxes
No Change
10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. No Change
 - B. No Change
 - C. No Change
 - D. Due from Affiliates: \$1,321,613: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
Due to Affiliates: \$2,484,886: amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.
 - E. Guarantees or undertakings: No Change
 - F. Management Agreements between:
 - (1) **McLaren Health Plan and McLaren Health Care Corporation:**
McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for Jan-March 2012 = \$370,979.
 - (2) **McLaren Health Plan and MRMC:**
MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for Jan-March 2012 = \$1,595.
 - (3) **McLaren Health Plan and Anthelio HealthCare Solutions:**
Anthelio HealthCare Solutions agrees to provide certain information technology and telephony services to McLaren Health Plan. Amount for Jan-March 2012 = \$64,522.

Notes to Financial Statement

- (4) **McLaren Health Plan and HA:**
McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for Jan-March 2012 = \$1,701,165.
- (5) **McLaren Health Plan and MHPIC:**
McLaren Health Plan agrees to provider certain operational, personnel services and other resources to MHPIC. Amount for Jan-March 2012 = \$170,791.

- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

- 11. Debt
No Change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change
- 13. Capital and Surplus, Shareholders Dividend Restrictions and Quasi-Reorganizations
No Change
- 14. Contingencies
No Change
- 15. Leases
No Change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No Change
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change
- 20. Fair Value Measurement
No Change
- 21. Other Items:
No Change
- 22. Events Subsequent
No Change
- 23. Reinsurance
No Change
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change

Notes to Financial Statement

25. Change in Incurred Claims and Claim Adjustment Expenses
No Change
26. Intercompany Pooling Arrangements
No Change
27. Structured Settlements
No Change
28. Health Care Receivables
A. Pharmaceutical Rebate Receivables

<u>Quarter</u>	<u>Estimated Rebate</u>	<u>Confirmed</u>	<u>90days</u>	<u>91-180 days</u>	<u>>180 days</u>	<u>total received</u>
12/31/2012						\$ -
9/30/2012						\$ -
6/30/2012						\$ -
3/31/2012						\$ -
12/31/2011						\$ -
9/30/2011						\$ -
6/30/2011				\$ 91,181.42		\$ 91,181.42
3/31/2011					\$ 99,940.52	\$ 99,940.52
12/31/2010					\$105,807.50	\$ 105,807.50
9/30/2010					\$102,997.25	\$ 102,997.25
6/30/2010				\$ 72,222.52	\$ 32,718.12	\$ 104,940.64
3/31/2010				\$ 14,781.45	\$118,639.14	\$ 133,420.59
12/31/2009				\$ 90,150.21	\$ 64,724.34	\$ 154,874.55
9/30/2009					\$137,819.77	\$ 137,819.77
6/30/2009	\$ -			\$ 77,088.53	\$ 56,887.77	\$ 133,976.30
3/31/2009	\$ -				\$130,637.82	\$ 130,637.82
12/31/2008	\$ 18,011.00	\$ 18,011.00		\$ 22,833.02	\$ 91,475.11	\$ 114,308.13
9/30/2008	\$ -			\$ 88,571.81	\$ 13,306.26	\$ 101,878.07
6/30/2008	\$ -			\$ 78,368.82	\$ 12,974.43	\$ 91,343.25
3/31/2008	\$ -			\$ 10,032.27	\$ 75,484.12	\$ 85,516.39

B. Risk Sharing Receivables - No Change

29. Participating Policies
No Change
30. Premium Deficiency Reserves
No Change
31. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[] No[X]
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2010.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....10/28/2008.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....10/28/2008.....
- 6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[] N/A[X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....224,469

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock	12,861,713	12,904,754
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	12,861,713	12,904,754
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.
- Yes[] No[X]

Yes[] No[] N/A[X]
16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

16.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
.....

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

17.2 If no, list exceptions:
- Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	91.600%
1.2 A&H cost containment percent	0.348%
1.3 A&H expense percent excluding cost containment expenses	4.088%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728 .....	..... 01/01/2012	ACE AMER INS CO	PA .....	..... SSL/L/I .....	..... Yes[] No[X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

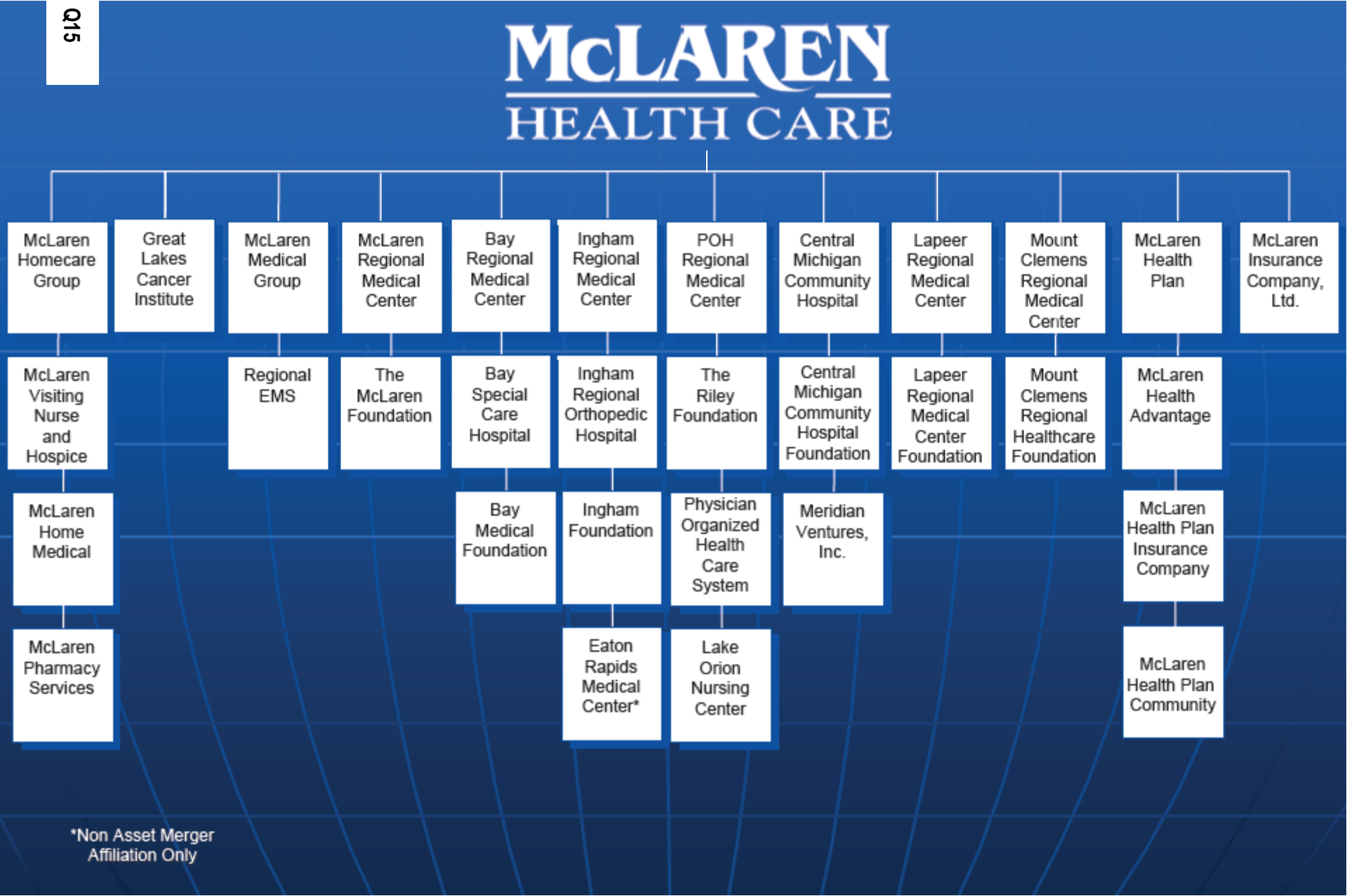
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	16,412,692		65,227,064				81,639,757	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	16,412,692		65,227,064				81,639,757	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a)..... 1	16,412,692		65,227,064				81,639,757	
DETAILS OF WRITE-INS										
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

916

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
4700	McLaren Hlth Grp	13789	27-1780283				McLaren Health Plan Insurance Company	US	DS	McLaren Health Plan		100.0	McLaren Health Care Corporation	
		00000	38-2397643				McLaren HealthCare Corp	US	UDP					
		00000	38-3491714				McLaren HomeCare Group	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Visiting Nurse and Hospice	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Home Medical	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Pharmacy Services	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-3584572				Great Lakes Cancer Institute	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-2988086				McLaren Medical Group	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-3255499				Regional EMS	US	NIA	McLaren Medical Group		100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Foundation	US	NIA	McLaren Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	US	NIA	Bay Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-2156534				Bay Medical Foundation	US	NIA	Bay Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Orthopedic Hospital	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-2463637				Ingham Foundation	US	NIA	Ingham Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-1559180				Eaton Repids Medical Center	US	NIA	Ingham Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-1428164				POH Regional Medical Center	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	20-0442217				The Riley Foundation	US	NIA	POH Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-3136458				Physician Organized HealthCare System	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-2895426				Lake Orion Nursing Center	US	NIA	POH Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hospital Foundation	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	US	NIA	Central Michigan Community Hospital		100.0	McLaren Health Care Corporation	
		00000	38-2689033				Lapeer Regional Medical Center	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-2689603				Lapeer Regional Medical Center Foundation	US	NIA	Lapeer Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	38-1218516				Mount Clemens Regional Medical Center	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	
		00000	38-2578873				Mount Clemens Regional HealthCare Foundation	US	NIA	Mount Clemens Regional Medical Center		100.0	McLaren Health Care Corporation	
		00000	91-2141720				McLaren Health Advantage	US	DS	McLaren Health Plan		100.0	McLaren Health Care Corporation	
		00000	27-2204037				McLaren Health Plan Community	US	DS	McLaren Health Plan		100.0	McLaren Health Care Corporation	
		00000					McLaren Insurance Company LTD.	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95848201236500001

2012

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	108,334		108,334	81,664
1105. SELF INS TRUST FUND CTF	80,632		80,632	76,507
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	188,966		188,966	158,172

STATEMENT AS OF **March 31, 2012** OF THE **McLAREN HEALTH PLAN, INC**

SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,738,513	2,959,988
2. Cost of acquired		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	55,369	221,475
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,683,144	2,738,513
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	2,683,144	2,738,513

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	21,145,540	17,924,985
2. Cost of bonds and stocks acquired	275,037	3,197,689
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	287,979	57,108
5. Total gain (loss) on disposals	10,821	1,029
6. Deduct consideration for bonds and stocks disposed of	250,220	35,272
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	21,469,157	21,145,540
11. Deduct total nonadmitted amounts		3,115
12. Statement value at end of current period (Line 10 minus Line 11)	21,469,157	21,142,425

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	103,406,873	11,015,224			114,422,097			103,406,873
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	103,406,873	11,015,224			114,422,097			103,406,873
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	103,406,873	11,015,224			114,422,097			103,406,873

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	114,422,097	X X X	114,422,097	22,488	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	103,406,873	103,834,571
2.	Cost of short-term investments acquired	11,015,224	102
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		427,800
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	114,422,097	103,406,873
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	114,422,097	103,406,873

Schedule DB - Part A Verification

Schedule DB - Part B Verification

Schedule DB Part C Section 1

Schedule DB Part C Section 2

Schedule DB - Verification

Schedule E - Verification (Cash Equivalents)

QSI04 - QSI08

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
Common Stock - Mutual Funds									
4812C0167	JPMORGAN SHORT DURATION BOND FUND		01/03/2012	JPMORGAN	926.004	10,140	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		01/18/2012	JPMORGAN	7,276.530	79,824	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		02/01/2012	JPMORGAN	780.056	8,573	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		02/15/2012	JPMORGAN	6,633.071	72,897	X X X		L
4812C1553	JPMORGAN EQUITY INDEX FUND		03/05/2012	JPMORGAN	530.893	16,553	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		03/01/2012	JPMORGAN	737.497	8,105	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		03/02/2012	JPMORGAN	2,243.706	24,658	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		03/15/2012	JPMORGAN	4,948.636	54,287	X X X		L
9299999	Subtotal - Common Stock - Mutual Funds				X X X	275,037	X X X		X X X
9799997	Subtotal - Common Stock - Part 3				X X X	275,037	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	275,037	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	275,037	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	275,037	X X X		X X X

QE04 (a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X .	.. X X X .
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X .	.. X X X .
Common Stock - Mutual Funds																					
4812C1553 ..	JPMORGAN EQUITY INDEX FUND .....	...	01/18/2012	VARIOUS .....	... 2,740.558	... 80.490	... X X X ...	... 79,861	.....	.....	.....	.....	.....	.....	... 79,861	.....	... 630	... 630	.....	.. X X X .	L
4812C1553 ..	JPMORGAN EQUITY INDEX FUND .....	...	02/15/2012	VARIOUS .....	... 2,396.225	... 73.564	... X X X ...	... 69,827	.....	.....	.....	.....	.....	.....	... 69,827	.....	... 3,738	... 3,738	.....	.. X X X .	L
4812C1553 ..	JPMORGAN EQUITY INDEX FUND .....	...	03/02/2012	VARIOUS .....	... 529.196	... 16.553	... X X X ...	... 15,421	.....	.....	.....	.....	.....	.....	... 15,421	.....	... 1,132	... 1,132	.....	.. X X X .	L
4812C1553 ..	JPMORGAN EQUITY INDEX FUND .....	...	03/15/2012	VARIOUS .....	... 1,729.720	... 54.953	... X X X ...	... 50,432	.....	.....	.....	.....	.....	.....	... 50,432	.....	... 4,522	... 4,522	.....	.. X X X .	L
4812C0167 ..	JPMORGAN SHORT DURATION BOND FUND .....	...	03/05/2012	VARIOUS .....	... 2,241.666	... 24.658	... X X X ...	... 23,859	.....	.....	.....	.....	.....	.....	... 23,859	.....	... 800	... 800	.....	.. X X X .	L
9299999 Subtotal - Common Stock - Mutual Funds .....					... X X X ...	... 250,219	... X X X ...	... 239,398	.....	.....	.....	.....	.....	.....	... 239,399	.....	... 10,821	... 10,821	.....	.. X X X .	.. X X X .
9799997 Subtotal - Common Stocks - Part 4 .....					... X X X ...	... 250,219	... X X X ...	... 239,398	.....	.....	.....	.....	.....	.....	... 239,399	.....	... 10,821	... 10,821	.....	.. X X X .	.. X X X .
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X .	.. X X X .
9799999 Subtotal - Common Stocks .....					... X X X ...	... 250,219	... X X X ...	... 239,398	.....	.....	.....	.....	.....	.....	... 239,399	.....	... 10,821	... 10,821	.....	.. X X X .	.. X X X .
9899999 Subtotal - Preferred and Common Stocks .....					... X X X ...	... 250,219	... X X X ...	... 239,398	.....	.....	.....	.....	.....	.....	... 239,399	.....	... 10,821	... 10,821	.....	.. X X X .	.. X X X .
9999999 Total - Bonds, Preferred and Common Stocks .....					... X X X ...	... 250,219	... X X X ...	... 239,398	.....	.....	.....	.....	.....	.....	... 239,399	.....	... 10,821	... 10,821	.....	.. X X X .	.. X X X .

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D NONE

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	03/31/2012	.....	.....	.....	.....	...(2,735,588)	...(4,760,148)	...(7,326,241)	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - open depositories			X X X	... X X X ..						X X X
0199999 Totals - Open Depositories			X X X	... X X X ..			...(2,735,588)	...(4,760,148)	...(7,326,241)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - suspended depositories			X X X	... X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..						X X X
0399999 Total Cash On Deposit			X X X	... X X X ..			...(2,735,588)	...(4,760,148)	...(7,326,241)	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	X X X	X X X				X X X
0599999 Total Cash			X X X	... X X X ..			...(2,735,588)	...(4,760,148)	...(7,326,241)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents

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